



Atty. Docket No.:

209409/2113B

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of: Communi et al.
Serial No.: 10/811,198
Filed: 03/26/2004
Entitled: P2Y4 Antibody and Methods of Use

Examiner: Ruixiang Li
Group Art Unit: 1646
Conf. No.: 2940

CERTIFICATE OF MAILING UNDER 37 CFR 1.10

I hereby certify that the paper (and any paper or fee referred to as being enclosed) is being deposited with the United States Postal Service using Express Mail to Addressee Service, under 37 C.F.R. Section 1.10, **Express Mail Label No. EV 888714955 US** on this date, **October 12, 2006**, postage prepaid, in an envelope addressed to Mail Stop: Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Pamela Sarno

Name of Person Mailing

Signature of Person Mailing

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL LETTER

Enclosed for filing in the above-identified patent application, please find the following documents:

1. Amendment and Reply;
2. Appendices 1-5;
3. Fee Transmittal;
4. Petition for three month extension of time under 37 CFR 1.136(a); and
5. Return Post Card.

The Commissioner for Patents is hereby authorized to charge any fees to Deposit Account No. 04-1105, Reference 2113B(209409). A duplicate of this transmittal letter is enclosed for this purpose.

Date: October 12, 2006

Respectfully submitted,

Name: Kathleen M. Williams

Registration No.: 34,380

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEE TRANSMITTAL For FY 2005		Application Number	10/811,198-Conf. #2940
		Filing Date	March 26, 2004
		First Named Inventor	Didier Communi
		Examiner Name	R. Li
		Art Unit	1646
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	2113B(209409)
TOTAL AMOUNT OF PAYMENT		(\$)	740.00

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: <u>04-1105</u> Deposit Account Name: <u>Edwards Angell Palmer & Dodge LLP</u>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		<u>Small Entity</u>		<u>Small Entity</u>		<u>Small Entity</u>	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
							Small Entity
							Fee (\$)
Each claim over 20 (including Reissues)							50
Each independent claim over 3 (including Reissues)							200
Multiple dependent claims							360
Total Claims							Fee Paid (\$)
<u>22</u> - 20 = <u>2</u> x <u>25.00</u> = <u>50.00</u>							
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims							Fee Paid (\$)
<u>9</u> - 9 = <u>0</u> x <u>200</u> = <u>0</u>							
HP = highest number of independent claims paid for, if greater than 3.							
Multiple Dependent Claims							Fee Paid (\$)
<u>180.00</u>							<u>180.00</u>
2. EXCESS CLAIM FEES							
Fee Description							Small Entity
							Fee (\$)
Each claim over 20 (including Reissues)							50
Each independent claim over 3 (including Reissues)							200
Multiple dependent claims							360
Total Claims							Fee Paid (\$)
<u>22</u> - 20 = <u>2</u> x <u>25.00</u> = <u>50.00</u>							
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims							Fee Paid (\$)
<u>9</u> - 9 = <u>0</u> x <u>200</u> = <u>0</u>							
HP = highest number of independent claims paid for, if greater than 3.							
Multiple Dependent Claims							Fee Paid (\$)
<u>180.00</u>							<u>180.00</u>
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets		Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)	
<u>22</u> - 100 = <u>0</u>		<u>0</u>	<u>0</u> / 50 = <u>0</u> (round up to a whole number) x <u>250</u>		<u>0</u>	<u>0</u>	
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): <u>2253 Extension for response within third month</u>							<u>510.00</u>

SUBMITTED BY			
Signature	<u>Amey DeCloux</u>	Registration No. (Attorney/Agent)	<u>34,380</u>
Name (Print/Type)	<u>Kathleen Williams</u>	Telephone	<u>(617) 439-4444</u>
		Date	<u>October 12, 2006</u>

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service as Express Mail, Label No. EV 888714955 US, on the date shown below in an envelope addressed to:
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Dated: October 12, 2006

Signature: Pamela Samo (Pamela Samo)